

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10687191
APPLICANT(S)

FILING DATE 10-7-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4	1					
5		1				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	16					
TOTAL CLAIMS	19					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
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TOTAL DEP.												
TOTAL CLAIMS												